



## Accredited Organization Self-Reported Sentinel Event

Full Name of Accredited Organization Organization ID Number (HCO#)

\_\_\_\_\_

Street Address

City

State

Zip Code

Date of Incident: \_\_\_\_\_

**Summary of Incident:** (Please describe the event but do not include names of patient(s), caregiver(s), or other individual(s) involved in the event.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Select method of sharing sentinel event related information:

\_\_\_\_\_ Mailing Root Cause Analysis\*

\_\_\_\_\_ Alternative #1

\_\_\_\_\_ Alternative #3

\_\_\_\_\_ Alternative #2

\_\_\_\_\_ Alternative #4

Sentinel Event Contact (please print full name)

Phone#

e-mail address

\_\_\_\_\_  
Title

Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fax #

Please mail this completed form to the Joint Commission's Office of Quality Monitoring at the address below, or submit via facsimile

to: (630)792-5636. For direct questions about completing this form call: (630) 792-5642. Direct questions about your sentinel event as it relates to the Sentinel Event Policy to (630) 792-3700, option 2. Each organization is contacted within 5 days to finalize RCA due date, receive your case number and share your method chosen to review the RCA.

\*All mailed RCA's are to be sent to: Joint Commission  
% Sentinel Event Unit/OQM  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181

